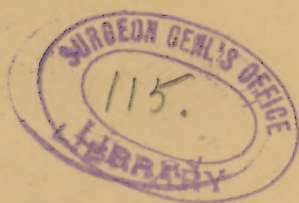
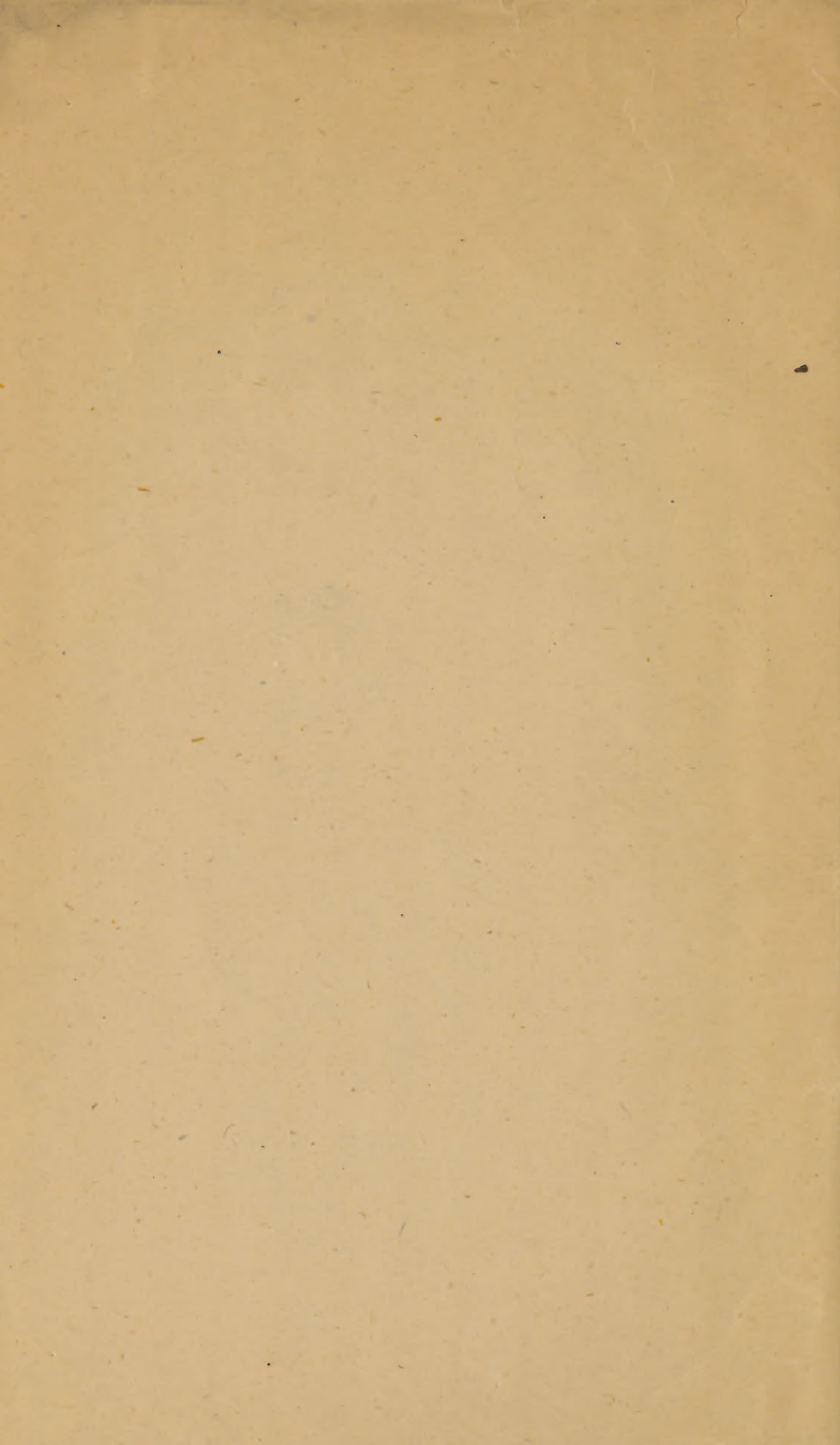


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Address on State medicine.

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ADDRESS

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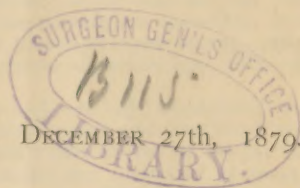
STATE MEDICINE.

DELIVERED BEFORE THE TRI-STATE MEDICAL SOCIETY, EVANSVILLE, IND.,
NOVEMBER 5TH, 1879,

—BY—

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CHAIRMAN OF SECTION, INDIANAPOLIS, INDIANA.

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ADDRESS ON STATE MEDICINE.

By THAD. M. STEVENS, M.D., Indianapolis, Ind.

THE advance in State Medicine has been great in the last twenty-five or thirty years. At that time not a medical school in this country paid any attention to it worth mentioning. Gradually the subject of medical jurisprudence or forensic medicine (which is only a branch of State medicine), was tacked on to the chairs of Obstetrics, Materia Medica, etc., and not until ten or twelve years ago was there a distinct chair for this department. Among the first, in the west at least, to form such a department was the "Indiana Medical College," at Indianapolis, started at the instigation of the writer, and was called the chair of "Medical Jurisprudence, Toxicology and Analytic Chemistry," all of which should have been embraced under the term "Forensic Medicine."

When a laboratory for the teaching of toxicology was first mentioned, we remember well the opposition we met with. "It is not so in other schools," "It was unnecessary," were the statements of most connected with the college; but by furnishing all apparatus, the teacher in that department was kindly permitted to indulge in the luxury of a small laboratory. At this time, we do not believe a school would be considered furnished without such a department.

Lectures were also delivered upon public hygiene, those were considered as unnecessary and non-practical.

We are pleased to see that, in the announcements of many colleges, those two subjects under different names are placed upon the catalogue for a few lectures at least.

Still the schools of medicine are lacking in this, that they do not enter fully into the whole subject of State medicine. We hope that another session of any medical college, in either of the three States represented in this society, will not pass, before a *full chair* is devoted to this all-important branch of knowledge.

Anatomy, physiology, obstetrics, surgery, etc., are the departments of curative medicine. With these, one is supposed to be able to meet and control, or, at least, with the aid of nature's laws, to regulate, disease. "But State Medicine," in its full measure, is as the keystone to the arch, adding strength and endurance and crowning the whole; the structure cannot be perfect or stable without,

The subjects we shall mention, specially connected with State medicine, are:

State Hospitals for the Sick; Experts and Expert Testimony; Medical Education; Public Hygiene; and State and Local Boards of Health.

STATE HOSPITALS.

As far as we are informed (we may be mistaken), there are but a few States having control of and supporting hospitals, viz.: Massachusetts, Louisiana and Michigan. All others are organized, controlled and supported by private corporations, societies or municipalities.

Where private corporations are financially strong enough they no doubt may, if the controlling and executive powers are well informed, conduct a general or special hospital satisfactorily and the sick need not suffer, but how many such corporations are supplied with adequate means or knowledge.

Again, even with the best provided private corporation there is often danger of their becoming too exclusive, and knowing they have the power all in their hands, and no one can molest them, they are (in some respects) liable to mistakes that are not rectifiable, errors that are not criticised, and if perchance they are connected with, or directly under control of some society, religious or otherwise, these objections exist with still greater force.

They are to be endured, nay, commended and aided (for humanity's sake), where no better plan is given, but a better plan should be sought for.

Hospitals controlled and supported by municipalities are also open to objection. No doubt but that in large cities, New York, Boston, Philadelphia, and even Cincinnati, Louisville, St. Louis, and Chicago, a city hospital can be very well adapted to the wants and needs of the sick, both in construction of the building, the manner in which they are controlled, by reason of the supervising power of the council or aldermanic boards of such cities; but they are for the sick of the city, as indeed they ought to be, being supported by such cities. But what becomes of the sick of the State at large? What provisions are made for them? If any, very poor accommoda-

tions are furnished, and for a large majority none whatever.

Again, take the incorporated cities within the bounds of the States represented in this Tri-State Society (and we might extend the limits), except perhaps Louisville and Chicago, and where is there *one* that has proved itself capable of either building, controlling or supporting a general hospital in a manner that gives satisfaction either to the profession, the citizens in general, or the sick who occupy them? We do not believe there is one.

Not to speak of those we are not so well acquainted with, and also believing that Indianapolis is as large and typical a city (except the two mentioned) as exists in the three States, we will examine how hospitals are there. They have a city hospital, a separate pest house of small capacity, and we believe, a very small hospital under control of the Catholics.¹ A surgical institute is found there, which is not a general hospital but a private establishment, that partly for the sake of the advertisement it gains, and partly because there is a lack of room at the city hospital, certain cases of surgery are temporarily cared for. The city hospital is both in construction and size of building scarcely worthy of the name it bears. Its internal management is, perhaps, as good as the faults of the building and the ignorant interference of outside parties will permit. The city council pretends to supervise its management, and indeed does so, as well as circumstances will allow, but as good as intentions are we often suffer after from want of performance.

Before the late war, a physician, now deceased, who saw the need of and earnestly desired the completion of a building for a hospital, after combatting foolish economists, succeeded in having a pocket edition erected. The doctor went out of council and the hospital out of mind. The war came and with it the necessity of some place of shelter for the wounded and sick. The enlargement of the building was resolved upon; the post quartermaster superintended the erection of an addition of poplar boards, whose interstices have since been absorbing all the refuse that is a necessary attendant upon a hospital; the discharges from hundreds of sick and wounded have permeated its walls and floors until the atmosphere is necessarily poisoned. Disinfectants are of no use in such a case, nothing but fire could purify the building. It is a wonder that hospitalism has not destroyed more of those who are forced to stay within its walls.

As to any benefit received by the medical students, who are in search of clinical instruction, what shall we say? The truth is a few cases properly digested is no doubt better for the students, than many lightly touched upon. But almost any average student could digest readily twice the amount of clinical teaching that can be presented to him within the walls of any hospital in Indiana, and, perhaps, the same is true of Kentucky and Illinois. It is possible, enough cases are presented suitable for clinics, but not the variety needed. What profit is it to students to have arrayed day after day cases of phthisis, chills and fever, or rheumatism, etc., with an

almost entire dearth of surgical or obstetrical clinics?

The sick of the city who gravitate to the hospital, or who indeed are sought after and taken there, are not numerous enough to supply material for clinics to a class during one session of the college.

This is an important phase of the subject, for medical education (a subject embraced in State Medicine) would be deficient in its most important practical part if the "object lessons," as furnished by clinics, were curtailed. At any college in the three States, the student can receive the rudiments as delivered him by didactic lectures, but only where hospitals containing all varieties of cases can he perfect himself sufficiently, so that he can with safety launch out to administer to the sick and feeble of the community.

What is the Remedy?

The only practical one is, in our judgment, the establishment of a STATE HOSPITAL. It may be that in Kentucky and Illinois the establishment of such an institution can only be based upon the reason first offered, viz., better attention to the sick of the whole State. The facilities offered by clinical advantages may be better in some cities than in others, but the first is the paramount reason why such a hospital should be established in those States as well as in Indiana. If the parent hospital were to be at one place, there could be branches at various others.

Another plan has been suggested, viz., that each county having a certain number of inhabitants should have the privilege of contributing to the erection and support of a hospital in each county, the State to furnish a fair proportion of the funds needed and having a voice in the control of the institution.

We believe that the last mentioned plan would be the best—according to that, each county with sufficient number of inhabitants could, by contributing a fair proportion of the expenses for construction and support, obtain the benefits of a good hospital. Any institution of the kind already existing in such counties could be turned toward the counties' contribution, not only that, but the counties around that now depend upon the poor-house or "county infirmaries" for means to provide for the sick poor, cases of accident, etc., would have places, where, by order of the county commissioners, all cases from such counties could be sent, either permanently or in cases of emergency. Here, too, would physicians have a right to send and supervise certain cases, whereas now they are without resource in such respects.¹

This plan would take much of the expense off of the counties where no hospitals are situated, and would certainly more fully equalize the expense, as also the benefits. The counties in which such hospitals were situated would receive no more benefits than the out counties, and the small quota of expense they would have to pay would amount to but little.

The following objects would be subserved, viz.:
1st. Better accommodations for the sick, not only for the State at large, but of the cities.

1. This has been abolished by order of the council.

1. The "county plan" was suggested to me by a physician of Indianapolis.

2d. Better clinical advantages for students of medicine, thus making it possible for them to become properly educated.

3d. Affording opportunity for the profession of the State where said hospital is located, to receive benefit from the reports of such institutions, similar to those of Guy's Hospital and others.

So much as a plea for State hospitals based upon the need of the general sick, and as an aid to medical education. Let us look for a moment at such institutions in regard to contagious and infectious diseases.

Isolation is but local quarantine, and quarantine but general isolation. A city may be isolated from the State at large, or a single individual from his neighbors, but the history of the recent past only illustrates the difficulty of such thorough isolation. The railroads are ever active, and have to control, if controlled at all, so that none are drawn into or thrown out of a locality infected; then that locality for a time dies; if not so controlled then a single person infected with germs of the disease may scatter to new places the fire that ought to have been circumscribed.

That a hospital well regulated, with trained nurses and under good control, as every State hospital might be, and having ample accommodations always ready for reception and treatment of all contagious and infectious diseases, would have been a blessing to many places during the last few years we cannot doubt.

Its capacity, of course, should be equal to the demand; that one such hospital in the State would be of sufficient capacity for such classes of disease during many seasons might be true, but an emergency arises, a thousand are stricken where one languished before, then a cry arises for room, for accommodation—none is found. The people before asleep in fancied security are thrown upon their own resources; they are demoralized, panic-stricken, there is a running hither and thither, each house has become a center of disease, the whole city is poisoned. Even physicians are lost in a maze of conjectural endeavors, they are fighting in the midst of a fire, when they should have it confined and under control.

In this kind of work confidence is everything, but confidence is fled, and even where despair does not reign, disorder renders futile the efforts of energy. For these reasons we are in favor of State Hospitals with branches and we deem it a subject practicable to be worked out.

MEDICAL EDUCATION.

That medical education is not always placed as part of State medicine is true, but from our standpoint this connection exists, for we hold it the duty of the State to control and regulate this subject. That a proper medical education is deficient among those now practicing in the three States represented in this society, may not be admitted by some, by others it is believed. We shall only say it certainly needs attention and shall advert to one essential measure that, in our view, would aid in advancing the standard to a point for which we should strive.

Indiana has no law regulating the practice of medicine, Illinois and Kentucky have. That the former should have some such law we will take as granted. The question whether the Illinois and Kentucky laws are the best that could be adopted remains open. It is our opinion that the Illinois and Kentucky laws (that only requires the possession of a diploma approved by the Board) ought to have added to them an examination clause, viz., requiring each applicant, whether he has a diploma or not, to pass an examination, and that a certificate should be granted or not upon that test, *for if we do not have a higher test of qualification, then a law is futile.*

In the New York *Medical Record*, May 10th, 1879, on Medical Reform in Great Britain it is stated that:

There are nineteen medical corporations in Great Britain which can license a person to practice. These corporations all compete with each other for students; and their requirements for a degree or license, although there is a prescribed minimum, vary much with the different institutions. So that practically it is a quite notorious fact that, if a student is apprehensive of failure before one examining board, he will slip off to another which gives easier terms. In order to remedy this evil, it is proposed that there be a conjoint board of examiners, made up from the various medical schools, and that this board be empowered to examine and give licenses to those whose qualifications are found to exceed a certain minimum.

In contrasting the deficiencies of the profession in our country and in Great Britain, it says:

The latter asserts that it needs a change in the composition of the General Medical Council, the establishment of conjoint examining boards, legislation against quacks, and a higher preliminary education.

Our deficiencies, as summed up by Dr. Pepper, are: a strict examination preliminary to matriculation; personal training in the practical branches; a regular grading of the curriculum; an examination for candidates for degree by those not pecuniarily interested in the success of the candidates. And we can add that we also need protection against quacks and impostors as well as against those numerous diploma mills and corporate advertising bodies which exist under the name of medical colleges.

1st. Those nineteen "medical corporations" correspond to our medical schools which examine for diplomas; the students "slip off" from the strict to the easy, here, as well as there.

2d. Our idea, of boards made up from the profession and not belonging to colleges, is an improvement upon the proposed "conjoined" board before which there shall be examinations for practice.

3d. As to quacks and impostors, our idea to have *all* who hereafter enter the practice to have diplomas and pass examinations before one of the Boards, will do much to remedy this evil.

4th. In the final summing up of our deficiencies, the examination preliminary to matriculation may be left to the future. "Personal training in the practical branches" will have to be attended

to within the colleges themselves, as also the "regular grading of the curriculum." This has been started in a few schools and will no doubt be fully established.

Dr. Pepper very justly recognizes the necessity of "an examination for candidates for degree by those not pecuniarily interested in the success of the candidates."

From their last report we learn that the Illinois Board have rejected the diplomas of nine schools of the United States, they say:

"As nearly as can be ascertained four hundred diplomas were held in the State by parties who had either bought them directly or obtained them on a nominal examination. The diplomas of nine medical colleges have not been recognized, owing to the fact that the Board has positive knowledge that they sold their diplomas. The names of these colleges are not given. Nearly all the vilest professional mountebanks and advertising specialists, quacks and abortionists are armed with diplomas, some of them fine specimens of art."

We have not the least doubt but they have done right, the list might perhaps be extended—but this is all they do—let us see the effects. A student graduates at a school that has been found guilty of selling a diploma to some one else, he is well posted and perfectly competent not only to pass any reasonable examination, but to practice medicine. He ought to be permitted to receive a certificate allowing him to practice, but the Board looks only at the diploma, and finding it comes from a school, that is justly under the ban of the profession, this innocent but competent graduate is cast out, dishonored.

With this view of the case, we are honestly in favor of examination, for in that way justice will be done both to *competent* and *incompetent* applicants. *In this way and no other can the reputation of the candidate for practice in all respects be ascertained.*

They would stand upon their individual merits and no charlatane school could either make or mar their prospects.

Kentucky also has a law, which in its essential feature, viz., the test of qualification being a diploma—is similar to that of Illinois—but we hear from physicians of that State that this law is a 'dead letter.' The same will follow in a few years in Illinois, California and any other State where no provisions are made to ex-

It is true, schools that graduate incompetents or sell diplomas should be known and by some method blotted out, we therefore think that the plan of examining into the action of schools should not be abandoned but continued, as in Illinois, in addition to the examination of the applicant, and when, as in the case of the nine schools mentioned, they are found to be unworthy of confidence or patronage, the fact should be openly published so all may know what schools to avoid; and a notice might be given, that after a certain reasonable time no applicant graduating from such schools should be admitted for examination by the Board.

The examination of each individual applicant is necessary, also, for the reason that graduates of an accepted school are sometimes unworthy of a

certificate; should a reputable medical college have all its diplomas dishonored because a few incompetent candidates slip through their final examination?

We hope Illinois and Kentucky will amend their laws in this respect, and that Indiana will at the next session of its Legislature adopt a law containing an examination clause. At the session of the Indiana State Medical Society in May, 1878, the following resolution was introduced by the writer, and passed by the Society.

Resolved,—"That a committee of three be appointed by the President to draft a bill for the regulation of the practice of medicine in Indiana, and also to define the duties and privileges of pharmacutists and druggists within the State; and such bill shall be upon the basis of equal recognition of all schools and sects in medicine; so far as the examination of candidates for practice and their privileges are concerned, they to have separate boards."

In accordance with this a committee was formed, and at the request of the writer, Dr. Jas. F. Hibberd, was made chairman, since which time he has worked faithfully for the object for which he was appointed. A bill was drafted and at the session of the Legislature of 1878—9 an effort was made to have a law enacted for that State. We regret to say that it failed. But it no doubt was for the best, a better one can now be had.

MEDICAL COLLEGES.

This brings us to consider the subject of Medical Colleges in connection with Medical Education. We are certainly in favor of medical colleges, still we hold that, first, they may be somewhat numerous, second, that the mode in which many of them are conducted is a disgrace to the profession and an injury to the public.

There are some that are a disgrace to the profession in that they look only to the money they can make. The student is beguiled into their halls by great promises and published description of advantages.

Medical colleges are often an injury to the public, in that their standard of education is below even that required of a student by a county practitioner, and so the country is flooded with the worst kind of quacks, viz., the one who thinks because he has a diploma he has knowledge.

But this is a picture of only a group of schools, there are many honorable exceptions, and there would be more if the profession would do its duty and demand higher standards and better attainments—if those who strove to defeat advancement for the sake of selfish aims and objects were justly punished, and those who were brave enough to point out the dangers, or lead in reform were held more in repute and supported in every possible way.

The Remedy.

It has been said: "Any one can point out defects, but it takes a wise man to supply a remedy." We think we have pointed out some defects, we do not know as we can find a substi-

tute, but will give a few thoughts to assist the wise among you to do so.

A medical college established and supported by the State has its attached evils, but does not the good of such a plan exceed the evil in a far greater proportion than the present system of small, poorly paid, poorly equipped schools? We think it does, and therefore are in favor of it.

The ills of the "State plan" for medical colleges are the conglomeration of different "schools" teaching in the same college. But this practically could, we think, in a partial sense, be avoided. Of course the authority governing the college and the support of the teachers of the different "schools" would come from the same source, but no one who wishes to be educated according to the tenets of one sect would be compelled to learn the heresies of another.

This we think is the most prominent evil connected with the plan of having medical schools instituted, supported and under the control of State authorities.

What are the Benefits?

First, the people, including the mass of the profession, have indirectly a voice in their support and government of such hospitals, this does away in a large measure with the baneful influence of petty cliques, provided politics is not allowed to take a part.

Second, they are insured better support, more funds to equip and better advantages in every essential particular.

For these two reasons if no other we certainly can but insist upon the proposition that this plan is the best. For the present, however, as we have no State medical colleges in Kentucky, Indiana or Illinois we can but insist that those colleges now existing shall keep up with advanced ideas and not see how near they can remain as nothing and still make money.

Every school in the three States would, we think, do the right thing if it would institute.

First, a course of three year's instruction and in accordance with the graded system.

Second, have a board of examiners, the members of which should not be connected with any school, upon whose certificate the college should grant diplomas.

Schools organized thus will win, and although the tide may float all schools into this safe haven, still those that wait will be like the individual laggard, either dull and stupid or cowardly.

With a State Hospital well constructed, well equipped for the wants of patients, and a State Medical College with privileges to be derived from such hospital, managed by a competent and industrious corps of teachers, with a board of examiners not in any way connected with the college upon whose certificate diplomas are given—these are the links in the chain of higher and better Medical Education that we present to take the place of the inefficient and in some cases corrupt system now in vogue.

FORENSIC MEDICINE.

We shall notice but one point, viz., Experts and Expert Testimony—up to the year 1877 it was (in Indiana) at the option of the Judge,

whether the expert received any other than the ordinary witness fee. In that year Drs. Dill and Buchman, of Fort Wayne, refusing to testify as experts unless their fees as such should be paid, were sent to jail by Judge Lowery, soon taken out upon habeas corpus, the case taken to the Supreme Court and the question was there settled to the effect that medical experts were entitled to, and could demand reasonable fees before testifying.

At the last session of the Legislature, Governor Williams, in a special message, recommended and urged the passage of a statute correcting this "abuse," as he regarded it, and forcing experts to testify upon receiving the same fees as other witnesses.

A law to this purport was passed by the Legislature, so that at present, all medical experts in Indiana testify without fees, other than those that witness to facts are paid, and the only way to avoid it is to say, they are *not* experts.

If this would only keep out *false* experts we could endorse the law, but the good fall with the bad. There is not a shadow of doubt but that very many (so-called) experts would at the rate of \$1.50 per day receive entirely too heavy fees; these are the ignorant, and the false; the former jeopardizing life or property for the want of knowledge, the latter for the sake of a bribe, either money or popularity.

We scarcely know which horn of the dilemma to take, viz., to give experts a justifiable fee, or to cut them off without anything. The former course would be just to the worthy, the latter just to the unworthy.

Had we not better know, that the physician called is both competent and honest, and then pay him?

We must not rail so much at the law makers, but rather correct evils in our own ranks. We are and have been entirely too cowardly or too apathetic in regard to the subject of experts, we permit, nay, encourage any one who arrogates to himself the title, to take the witness stand and by his perhaps false theories and replies acquit or condemn.

We should clamor for a *board of competent and honest experts*, and when we have obtained that, it will be time to unite and see that they are properly paid, so shall we assist the law in encouraging the deserving and punishing the opposite.

PUBLIC HYGIENE.

Upon the subject of public hygiene, it is scarcely necessary for me to say anything in detail. Illinois has a Board of Health which also judges the qualifications of all who desire to practice medicine. From the little we have heard of the operations of that Board we have reason to believe it an industrious and efficient one, needing only age and experience to perform the duties of its elder brother, that of Michigan, whose Secretary, Dr. H. Baker, seems determined to place among the first. Kentucky also has a State Board of Health which we believe does not differ materially from the generalities of such in plan of organization.

In short we know that about twenty States

efficient Boards with sufficient police power at least to regulate quarantine, and well enough supported, we trust, to enable them to prosecute their necessary work of investigation and research. Indiana has no legalized Board, but at its session of 1878 passed the following resolutions offered by myself:

Resolved,—"That the committee on State Board of Health, as now constituted by this society, shall be called the "State Health Commission," with power to associate with them a competent Civil Engineer, etc., and that the State Geologist shall be an ex-officio member of said commission. That the duties of said commission shall be to make investigations as to the causes and means of preventing disease in the State; and that at any time they see fit, petition the Legislature to confer police power so that they can enforce such measures as they deem necessary to the object above mentioned."

Resolved,—"That in cases of vacancies occurring in such Board of Commissioners they shall be filled by the State Society."

A State Health Commission was formed in accordance therewith, and it is doing all in its power, first to make proper research, and second, to influence the profession and the people in general so that a State Board of Health with subordinate local Boards shall be formed.

It is with the various local Boards that full police power should belong, and only enough granted to the State Board to enable them in cases of emergency to work, where the local Boards are derelict, the State Board having, however, general supervision over the question of quarantine.

Many physicians, and certainly the mass of the public, expect too much of Boards of Health. Their ostensible province being to devise plans and means by which disease may be prevented and deterioration staid, it is thoughtlessly supposed that as disease, deterioration and death, still exists, under nearly all circumstances, that therefore believers in the need of such boards are visionaries, and such organizations are formed for the sake of creating more "offices."

This is a false view to take of such organizations. We must not expect to prevent all disease, or put a stop to all causes of deterioration, or lengthen materially the average span of life; this in the order of nature is impossible. But we

should expect to lessen the causes of disease, restore health to many an impoverished system as well as community; and strive to cut out of the catalogue a long list of suffering, to make humanity better, and life more bearable.

We can only do this as instruments in the hands of that power that "shapes our ends rough hew them as we will," and while we admit that if Providence or nature's laws are against us, we cannot do that we plan to accomplish, still we know equally well, that as creatures of Providence we must perform our duty as we see it, while another power works within us, of its own good pleasure.

Let none, then, falter by the wayside or give up working in disgust, at the seeming small results of a year or two of labor. We are not the ones to judge either of the length of time it will take to secure the end, or the encouragement needed to stimulate us to act; the way may appear long and dark, but years should be as days, and the light will surely come to encourage every earnest worker for the right.¹ That order may come where disorder reigns, that system shall exist where everything is confusion; that disgrace may be banished; that petty interests of the petty few shall be overlooked and overcome by enlarged views for the general good, let the profession work as against the few and change the present system of hospitals, medical colleges, test of medical education, the calling of experts, etc., to one having general principles with adequate and general support, where all may have an interest and where selfish ends and charlatanism shall not have a voice.

If the general profession does not thus take an interest in and act for some such plan then they will continue to suffer at the hands of the plausible quacks, be they recognized as itinerant vagabonds or pedantic falsehoods, having a fixed habitation.

To work in unison a plan must be had. One is here given; if it is judged a good one, opportunity will soon be offered to all willing workmen to help erect the edifice so long needed, and long sought for to protect, not only the profession, but the people generally, from the "storms that do blow."

1. With reference to Public Hygiene and State Boards of Health see "Budget" issued by the "Indiana State Health Commission."

